RCE/17257

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pap	er Reduction Act 67,1995, no persons	are required to respond to a collection	n of information u	nless it di	splays a valid OMB control number.					
Q'Z	& TO OF BUILDING	Application Number	09/769,577							
TRANSMITTAL		Filing Date	January 25, 20							
FORM		First Named Inventor	Johnston							
		Art Unit	1725							
(to be used for all	correspondence after initial filing)	Examiner Name	Len Tran							
Total Number of Pa	ages in This Submission	Attorney Docket Number	101.003							
ENCLOSURES (Check all that apply)										
X Fee	e Attached ent / Reply er Final	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a		After Allowance communication to Bo Appeal Communication to Bo Appeals and Interferences Appeal Communication to (Appeal Notice, Brief, Reply E Proprietary Information	s and Interferences Il Communication to TC Il Notice, Brief, Reply Brief)					
Affidavits/declaration(s)		Provisional Application Power of Attorney, Revocation Change of Correspondence Address		Status Letter Other Enclosure(s) (please identify						
X Extension of Time Request		Terminal Disdaimer	X	below)						
Express Abandonment Request		Request for Refund Requ		est For	Continued Examination					
Information Disclosure Statement		CD, Number of CD(s)								
Certified Copy of Priority Document(s)		Landscape Table on CD								
Reply to Missing Parts/ Incomplete Application		<del></del>								
Reply to Missing Parts under 37 CFR 1.52 or 1.53										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Name	Boyle Fredrickson Newholm St	ein & Gratz S.C.								
Signature	Atthe Con									
Printed name	rinted name Mathew E. Corr									
Date	April 5, 2005	Reg. No.		45,434						
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.										
Signature Language										
Typed or printed na	me Lynda S. Hargreaves	Date	April 5, 2005							

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

In you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Non-English Specification, \$130 fee (no small entity discount)  Other: Request for Continued Examination  Request for One-Month Extension  120.00	Under the F	aperwork Reductio	n Act of 1995	o persons are requ	uirea to respona t	o a collection of info		displays a valid OMB	control number.		
FEE TRANSMITTAL FOR FY 2005    Supplicant Claims small entity status. See 37 CFR 1.27		Effective on	12/8/2004								
FOR FY 2005    Applicant Claims small entity status. See 37 CFR 1.27											
Applicant Claims small entity status. See 37 CFR 1.27	FEE TRANSMITTAL							5, 2001			
Applicant Claims small entity status. See 37 CFR 1.27	-										
METHOD OF PAYMENT (check all that apply)											
METHOD OF PAYMENT (check all that apply)	Applicant Clai	ms small entity	status. See :	37 CFR 1.27			1725		_,		
Check	TOTAL AMOUNT OF	PAYMENT	(\$) 910.0	0	Attorr	ney Docket No.	101.003				
Deposit Account Deposit Account Number: 50-1170 Deposit Account Name: Boyle Fredrickson Newhorlm Stein & Gratz S.C. For the above-identified deposit account, the Director is hereby authorized for . (check all that apply)    Change lee(s) indicated below	METHOD OF PAY	MENT (check a	ıll that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  X Charges are additional fee(s) or underpayments of fee(s)  Index 37 CFR 1.16 and 1.17  WARNING: Irrorium ties from may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SMall Entity  Application Type  Fee (\$)	x Check	Credit Card	Money	Order No	one O	her (please identi	fy):				
Charge fee(s) indicated below	X Deposit Acc	ount Deposit Ac	count Number:	50-1170	Deposit	Account Name:_B	oyle Fredrickson	n Newholm Stein & 0	Gratz S.C.		
X   Charge any additional fee(s) or underpayments of fee(s)   X   Credit any overpayments under 37 CFR 1.16 and 11.17		•		Director is hereby	authorized to:			event for the filing	r foo		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038   FEE CALCULATION		-		may monte of fool	'c) \_			except for the mint	) lee		
The content of the properties of the propertie	unde	er 37 CFR 1.16 an	d 1.17				•		.		
Second   S			pecome public.	Credit card inform	ation should not	be included on this	form. Provide cr	redit card information	and		
FILING FEES   Small Entity   Small											
Application Type	1. BASIC FILING,				LEEE	EVANAINIA	TION FFF				
Application Type											
Utility	Application Type			_				Fees Pa	aid (\$)		
Design   200   100   100   50   130   65											
Plant	•							-			
Reissue											
Provisional   200   100   0   0   0   0   0   0   0   0				-				<del></del>			
Service   Serv											
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each claim over 30 or, for Reissues, each independent claim more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each claims or Fee (\$)			100	U	U	U	U				
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Each independent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Indep. Claims  Extra Claims  Fee (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Indep. Claims  Extra Claims  Fee (\$)  Indep. Claims  Indep. Claims  Indep. Claims  Extra Claims  Indep.		I FEES									
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x -0- = 4  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Request for Continued Examination  Request for One-Month Extension		or, for Reissue	s, each claim	over 20 and m	ore than in th	e original patent	t				
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 20  HP = highest number of independent claims paid for, if greater than 3  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  23 - 100 = /50 = (round up to a whole number) x -0- =  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other: Request for Continued Examination  Request for One-Month Extension								200	100		
Total Claims    Extra Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims				, <b>F</b>			F				
23 - 20 or HP = x = -0- Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  4 - 3 or HP = x = -0-  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  23 - 100 = /50 = (round up to a whole number) x -0- =  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Request for Continued Examination 790.00  Request for One-Month Extension 120.00			ns F	ee (\$)	Fee Paid (\$)		Multiple Depe				
Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  4 -3 or HP = x = -0-  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  23 -100 = /50 = (round up to a whole number) x -0-  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other: Request for Continued Examination  Request for One-Month Extension  120.00		HP =	x				Fee (\$)	Fee Paid (\$)			
4 -3 or HP = x = -0-  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  23 -100 = /50 = (round up to a whole number) x -0- =  4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) -0-  Other: Request for Continued Examination 790.00  Request for One-Month Extension 120.00	HP = highest number of to		_				-0-	-0-			
HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	Indep. Claims	Extra Clair	<u>ns</u> <u>F</u>	ee (\$)	•						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  750 = (round up to a whole number) x -0- = (round up to			— " —		-0-			2			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  23 -100 = /50 = (round up to a whole number) x -0- =  4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Request for Continued Examination Request for One-Month Extension  120.00	<u>-</u>	•	, 💆								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) = 23 - 100 = /50 = (round up to a whole number) x -0- = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: Request for Continued Examination 790.00  Request for One-Month Extension 120.00											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 23 - 100 = /50 = (round up to a whole number) x -0- = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: Request for Continued Examination  Request for One-Month Extension  Fee Paid (\$)  Fees Paid (\$)  -0-  790.00  120.00											
23 - 100 = /50 = (round up to a whole number) x -0- =  4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Request for Continued Examination Request for One-Month Extension  790.00 120.00											
4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other: Request for Continued Examination  Request for One-Month Extension  Fees Paid(\$)  -0-  790.00  120.00											
Non-English Specification, \$130 fee (no small entity discount)  Other: Request for Continued Examination  Request for One-Month Extension  120.00	4. OTHER FEE(S)	<del></del>			<b></b>			Fee	s Paid(\$)		
Request for One-Month Extension 120.00	Non-English S	Specification,	\$130 fee (1	no small entity	discount)			-0-			
	<u> </u>										
SUBMITTED BY , ,											
Signature Registration No. 45 434 Telephone 414 225-9755	Signature	MH	50			45 434	Tel	lenhone 414 22	5-9755		
(Attorney/Agent)	-	TIMMY Mathew E Com	1 Con	(Atto	orney/Agent)			-/-/			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.